59th Medical Wing



59 MDW Optometry Product Line Analysis

Information Brief

Briefer: LtCol Julian

Date: 22 Mar 05

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Product Line Review

Revised Financing Overview Prospective Payment System

- Goal 1: Provide Care of your Prime Enrollees
 - In-house vs. "make vs. buy" to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- Goal 2: Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs' Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- **Bottom-line**: We need to take care of our enrollees and meet our business plan targets; Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

Business Plan Overview Actual **59 MDW** Performance

IHC Other DC Total PRIME **RVUs** PC Other Enr **SA AD SA NAD Total FFS** Plus Actual 256.130 16,071 55,388 327,589 79,986 48,866 104,149 305,279 72,278 94,336 286,272 25,624 44,248 356,144 110,488 95,384 74,136 374,344 Target Diff (30,142)(9,553)(28,555)(14,350)(38,210)(46,518)30,013 (69,065)11,140 % Met 89% 63% 125% 22% 77% 44% 109% 140% 82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%



Bottom-line: -\$9.4M

Source: P2R2 Virtual Analyst

website

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- FY05: 25% "At Risk"; FY06: 50%

SA-MM Overview Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources

Objectives

- Optimize provider mix across specialty lines
- Move providers and add facility capacity to meet population demands
- Conduct rigorous business planning for clinical service lines
- Optimize Third Party Billing, Contracting and Pharmacy
- Establish a SA-MM Consult, Appointment and Management Office

CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide "Entire Market" approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
 - Encourages consolidation of clinical service lines
 - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

Optometry Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review and Workload over Time
- Private Sector Care/Purchased Care
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections

Optometry Flight Clinic Description

- Largest, most diverse Optometry service in DoD; over 20K patient visits per year
- Provides routine & specialized optometric care:
 - -- Routine vision examinations for spectacles and contact lenses
 - -- Diagnosis, treatment, and management of diseases/ injuries of the eyes
 - -- Evaluation for ocular manifestations of systemic medications/diseases
 - -- Low vision and vision rehabilitation services
 - -- Specialty contact lens care for trauma, diseases, or refractive disorders
 - -- Management of the USAF Aviation Soft Contact Lens Program
 - -- Support Flight Medicine referrals and physical examination process
 - -- Perform visual evaluations for basic training standards and classification
 - -- Supports humanitarian medical missions worldwide with Deployable Optometric Team (DOT) equipment packages and manpower

Optometry Flight Clinic Description (Con't)

- Operates four geographically-separated clinics: Wilford Hall, Reid, Kelly, and Basic Training
 - Basic Training clinic productivity dependent on # trainees present
 - Specialty Contact Lens and Low Vision Correction clinics tend to be less productive due to nature of care provided
- Operates the AF's Optometry Residency Program
 - -- Two Optometry residents performing one-year program
 - -- Hospital-based residency program affiliated with Univ of Houston; accredited by the American Council on Optometric Education
- Operates the AF's only Specialty Contact Lens and Low Vision Clinics
- Operates the AF's largest optometric student externship affiliation training program
- Operates the AF's only Basic Military Training Optometry Clinic; unique classifications mission

Optometry Flight Strengths

- Superior professional staff with years of clinical and clinic management experience
- Patient access: average appointment wait times:
 - Active duty TRICARE Prime: 6 days
 - Non-active duty TRICARE Prime: 5 days
 - TRICARE Plus, TRICARE for Life, etc.: 6 days
- Led AF Optometry Optimization efforts; improved access to the point to be able to care for all Brooks City Base TRICARE Prime enrollees without significant impact on wait times
- Optometry Flight is one of very few AF
 Optometry services who are able to see all
 TRICARE Prime enrollees within the 28 day
 standard

Optometry Flight Challenges

- TRICARE Prime leakage causes:
 - -- TRICARE Prime Optometry benefit is written so that patient can self-refer to a civilian provider; they do not require a referral from a PCM or HCF; there is no mechanism to require Prime enrollees to use our service
 - -- Location of Lackland AFB; with the ability to self-refer with no co-payment, TRICARE Prime enrollees living in northwest, north, and northeast San Antonio elect to use a local optometrist rather than miss a half day of work or school to drive across town to Lackland AFB
 - -- Surveys have shown that our TRICARE enrollees perceive the quality of care received at the Optometry Flight much superior to civilian providers and they prefer to receive their care here, the convenience factor forces them to seek civilian care
- Deployment taskings: the Optometry Flight will soon be tasked with an Optometry UTC (FFDOT) and will lose significant manpower to deployments
- Continuous lack of experienced technician support and funding for equipment/technology upgrades and improvements

Optometry Flight UMPR

	Authorized			Assigned					
	Mil	GS Civ	K	Total	Mi I	GS Civ	Contrac t	Total	Availabl e Staffing
42E3	8	0	0	8	8	0	0	8	100%
4V090/4V071	2	0	0	2	2	0	0	2	100%
4V051	5	1	0	6	4	1	0	5	83%
4V031	3	0	0	3	3	0	0	3	100%
Admin 4A051	0	1	0	1	0	1	0	1	100%
Total Support Staff	10	2	0	12	9	2	0	11	92%

- 42E3 Staffing down to 7 assigned Summer 05
- MAPPG 06: -1 Auth = 7 total

Optometry Flight Mobility and Other Deployments

- Taskings in Turtle Model: None
- FY03:
 - Maj Kemper, El Salvador, 1-14 Aug 03
 - Maj Mileski, Peru, 13-27 Aug 03
 - Capt Cebollero, Paraguay, 13-17 Sep 03
 - Capt McCluer, Alaska, 19 Apr 5 May 03
 - Capt Cebollero and Capt McCluer, Honduras, 10-24 Jan 03

- FY04:

- Capt Banta, Peru, 15 Apr 1 May 04
- Maj Kemper and Capt Banta, Honduras, 23 Jan 7 Feb 04
- Capt Cebollero, Bolivia, 17 Jan 1 Feb 04

- FY05:

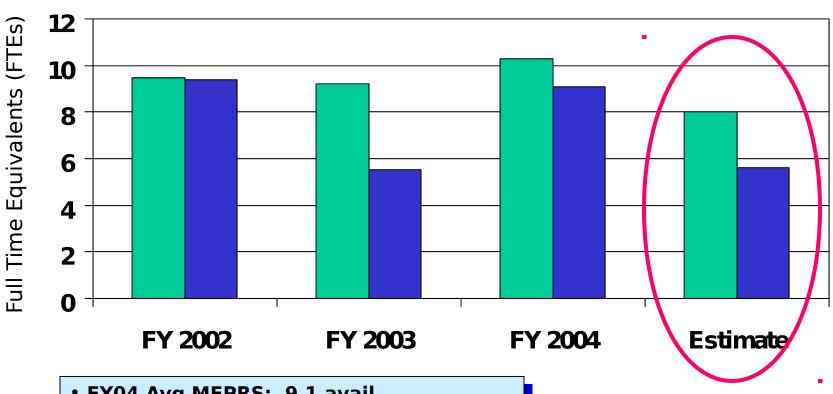
- Capt Cebollero, Alaska, 19 Mar - 5 Apr 05

Optometry GME Responsibilities

- Optometry Residency Program
 - Requires 0.5 FTE for Administration

Optometry Assigned/Available MDs (MEPRS)



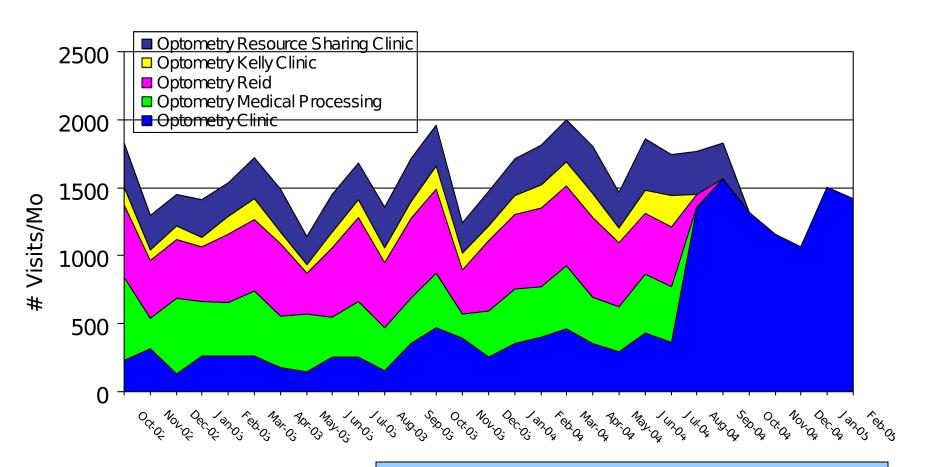


• FY04 Avg MEPRS: 9.1 avail

• FY05 Estimate: 8 assigned x 0.7 Wt =

5.6 Avail

Optometry Total OP Visits by Type FY03-FY05

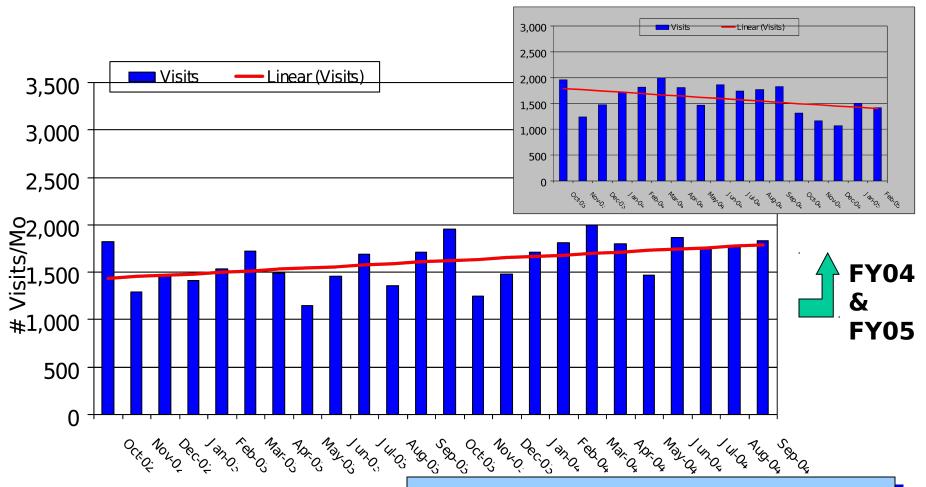


Source: Worldwide Workload WHMC Intranet/E.I.C.

• In late FY04, all visits were transferred to 2 MEPRS codes

 Optometry RSA cancelled in FY05; RSA visits represented 17-18% of monthly workload (~293 visits/mo)

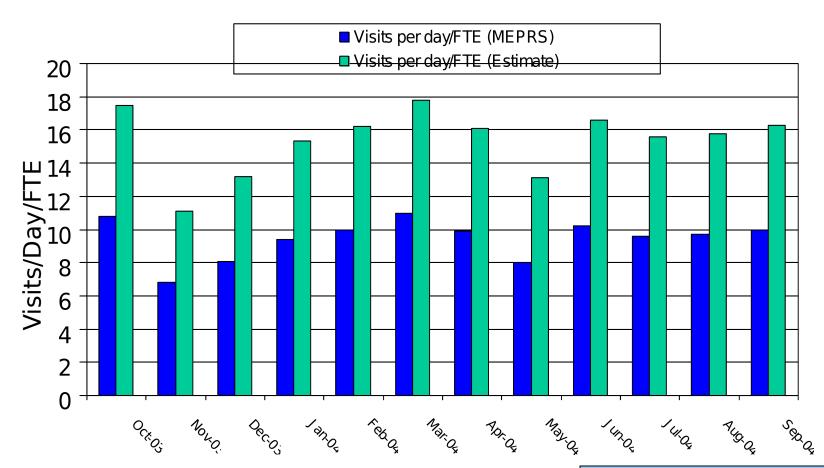
Optometry Total OP Visits FY03-FY04



Source: Worldwide Workload WHMC Intranet/E.I.C.

- FY04 Avg: 1,722/mo vs. FY03 Avg: 1,507/mo or + 14%
- Visits decreasing in FY04/5Q1 (inset)
- Factoring out impact of lost RSA visits, FY05 avg decrease is 9% below FY04

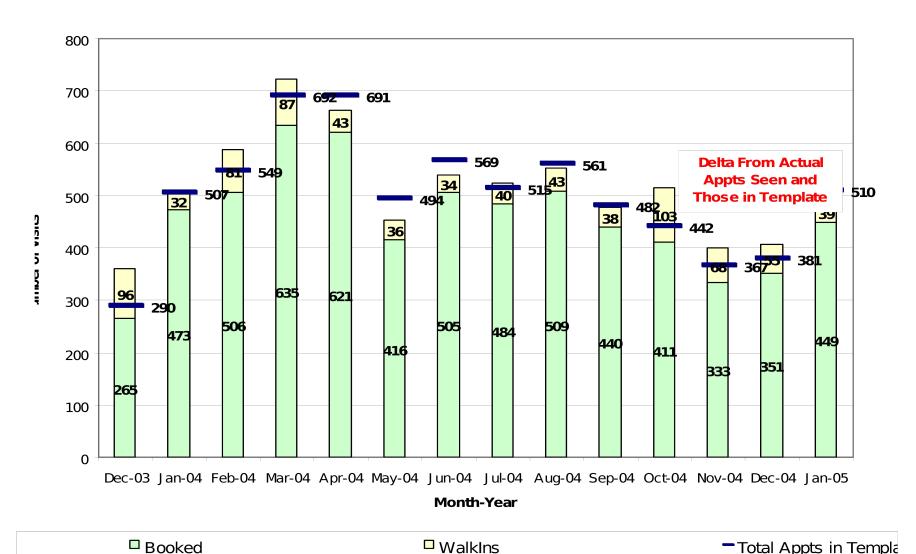
Optometry Total OP Visits/Day/FTE



- Monthly x MEPRS Avail @ 20 days/mo
 - This is what Air Staff sees when they look at Visits divided by MEPRS available
- Estimate: AD avail x 0.7 weight

- MEPRS: 9.5 per day/FTE
- Estimate: 15.4 per day/FTE
- Ensure MEPRS corrected to give accurate picture of workload

Optometry Clinic Templates (Dec 03 – Jan 05)



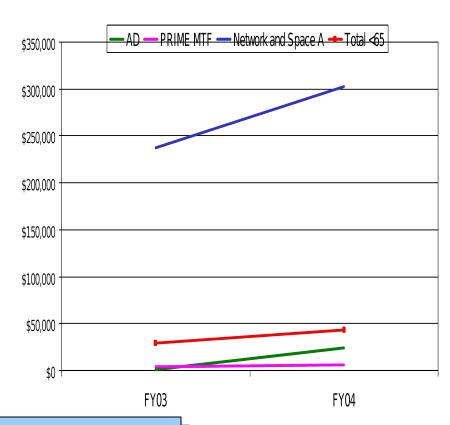
Optometry Access to Care

- Standard for Specialty Appointments: 28 days
 - Avg Wait Time: 5-6 days (as of Mar 05)

 Meeting standard for routine access to specialty care

Optometry Private Sector Care

	FY03	FY04	FY05 *
Active Duty	\$4,442	\$6,070	\$33,384
BAMC PRIME	\$66,797	\$103,375	\$36,648
WHMC PRIME	\$83,802	\$81,245	\$19,483
RAFB/BAFB PRIME	\$86,337	\$118,093	\$29,533
		<u> </u>	
Network PRIME	\$25,069	\$36,904	\$8,894
Unenrolled < 65	\$4,584	\$6,381	\$1,387
Total	\$271,031	\$352,068	\$129,329



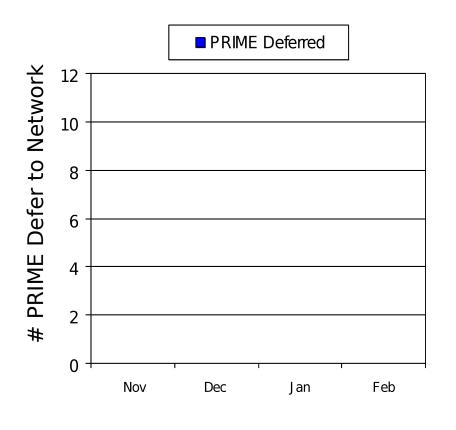
• FY04 claims increased 30% overall (+37%

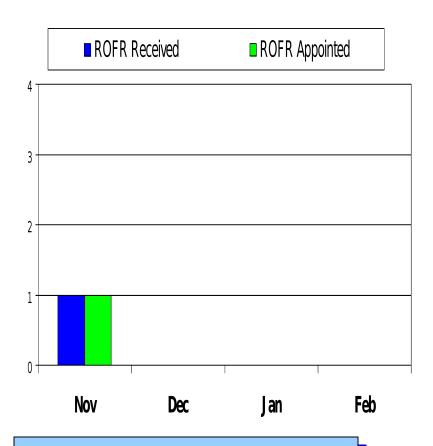
for AD and +28% for PRIME)

• PRIME claims distribution: 34% BAMC;

27% WHMC; 39% RAFB/BAFB

Optometry FY05 PRIME Referrals and ROFR*

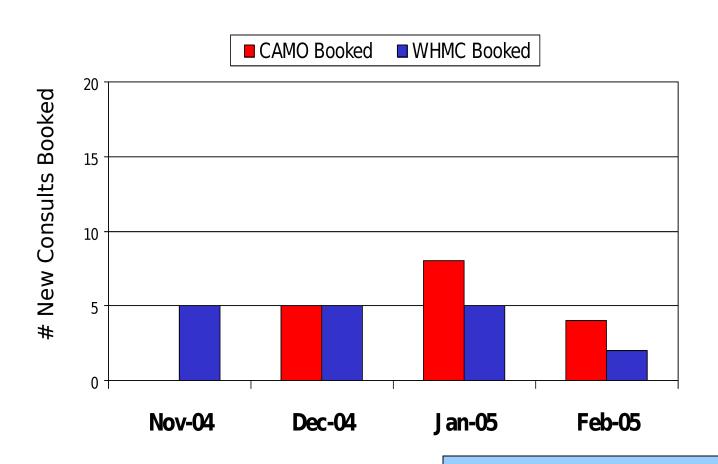




- No Deferrals of PRIME
- 1 ROFR Received/1 Appointed

^{*} Right of First Refusal

Optometry New Consult CAMO Booking



• Nov-Feb: 50% of new consults booked thru CAMO (17 CAMO/17 Clinic)

Optometry Coding Accuracy & Completion

Accuracy 80.3% Overall in Nov 04 (Standard = 90%)

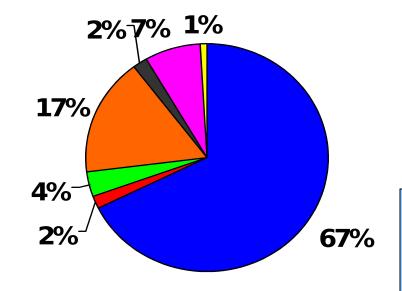
2004 Audits						
Coding Class	% Correct May-04	% Correct Nov-04	Chang e			
ICD-9	65.5%	56.4%	- 11.1 %			
CPT E&M	49.1% 93.2%	87.5% 97.1 %	37.4 % 3.9%			

Coding Completion 99% Avg. Rate jun 04- Jan 05 (Standard = 95%)

^{**} Highest Average Completion Rate of all Clinics in 59 MDW**

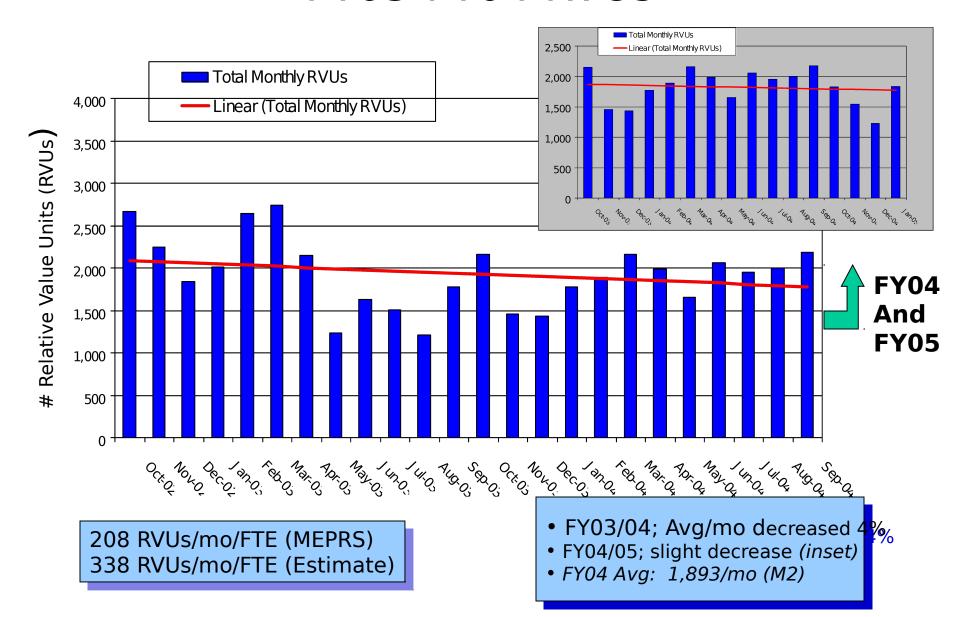
Optometry Sources of RVUs



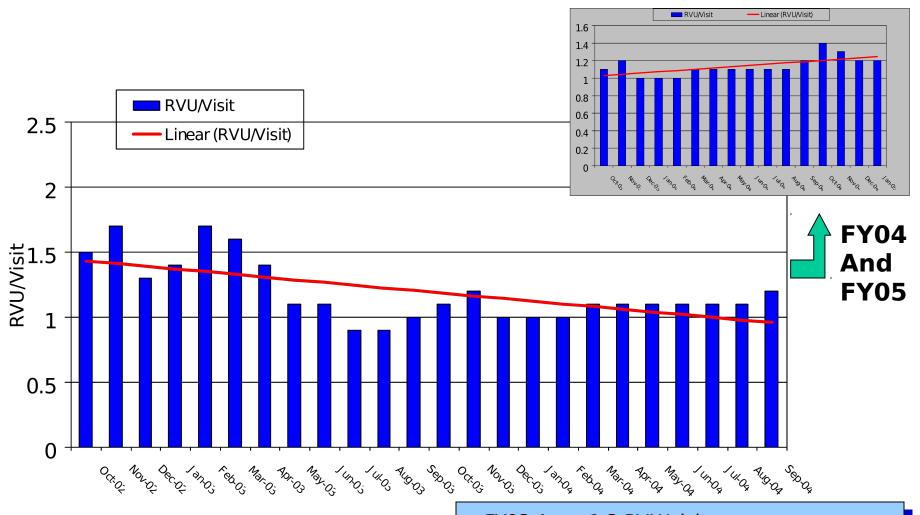


~90% of Optometry RVUs are generated from PRIME and AD patients

Optometry FY03-FY04 RVUs



Optometry RVUs/Visit FY03-FY04

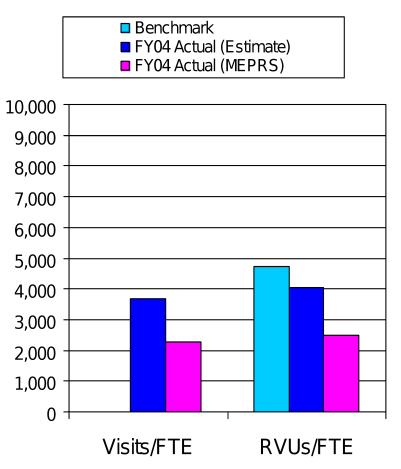


- FY03 Avg: 1.3 RVU/visit
- FY04 Avg: 1.1 RVU/visit (-15%)
- Increasing throughout FY04/05 (inset) to 1.25

Optometry Flight RVU Goal Problem

- Currently Optometry Flight has goal of 6,889 RVUs/mo
- USAF Optometry Consultant for AF/SG has designated 390 RVUs/mo/provider as the norm
- At goal of 6,889 RVUs/mo, the Optometry Flight would require 17.7 FTE optometrists to meet goal
 - 6,889 RVUs permonth/*390 RVU/mo/FTE* = *17.7 FTEs*
- Problems with Optometry RVU goal
 - Calculated from inaccurate data; math error
 - May have combined Optometry and Ophthalmology goals into one since we use the same codes

Optometry Benchmark Comparison per FTE



	Avail (Estimate)	Avail per clinic
#FTEs	5.6	9.10
FY04 Visits	20.664	20.664
FY04 Visits/FTE	3.690	2.271
FY04 RVUs	22,719	22.719
RVU/Visit	1.10	1.1
RVU/FTE	4.057	2,497
AF Consult Benchmark	4.716	4.716
% Benchmark	86%	53%

- No Civilian Benchmark Available
- Consultant Goal: 393/Mo/FTE
- Inaccurate MEPRS inflates denominator and provides lower RVU/FTE/Mo

Optometry **Business Plan Goals**

- In FY05, your targets based on your FY03 Level of Effort (LOE)
- Goal: At minimum, focus on meeting/exceeding your FY04 LOE
 - Your FY04 performance compared to FY03 LOE below

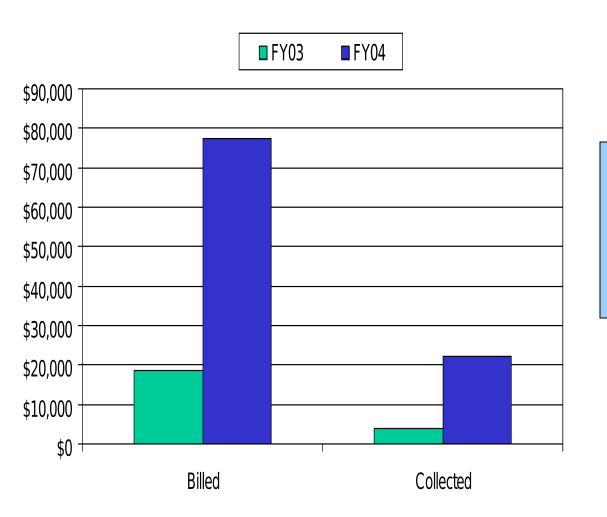
	FY03	FY04	Difference	\$ Impact (\$74/RVU)
PRIME WHMC	16,635	15,424	(1,211)	\$ (89,627)
Other PRIME	825	1,178	353	\$ 26,117
SA AD	4,919	3,772	(1,147)	\$ (84,845)
Space A	809	675	(135)	\$ (9,974)
TP TFL	486	1,670	1,184	\$ 87,646
Total	23,674	22,719	(955)	\$ (70,683)

Minimum FY05 Goals:

RVUs: 22.8K total

Or ~1,893/mo

Optometry Reimbursements FY03 vs. FY04



- Billing up 318%
- Collections up 475%
- Rate of collections on the \$5
 - FY03: 0.21FY04: 0.29

Optometry Next Steps

- Step 2
 - Follow-up: TBD
- Step 3
 - Projected WHMC/BAMC Brief: May 05



Integrity - Service - Excellen ce